



## 2018-2019 Influenza Season Update for Week 41\* (the week ending on Saturday, 10/13/2018)

### Key Points

- ✓ Classification of Connecticut geographic activity is **sporadic\*\*** for week 41.
- ✓ Influenza activity has been slowly increasing in Connecticut since the end of August.
- ✓ Influenza A viruses are the predominate type circulating although some influenza B viruses are also being reported.
- ✓ The U.S. [Centers for Disease Control and Prevention](https://www.cdc.gov) (CDC) reports the percentage of people nationally seeing their health care provider with influenza-like-illness (ILI) is low at 1.4%, below the national threshold for elevated activity.
- ✓ October is a good time for you and your family to obtain your flu vaccine and take steps to prevent influenza-related illness and hospitalization: <https://portal.ct.gov/DPH/Immunizations/Seasonal-Influenza>

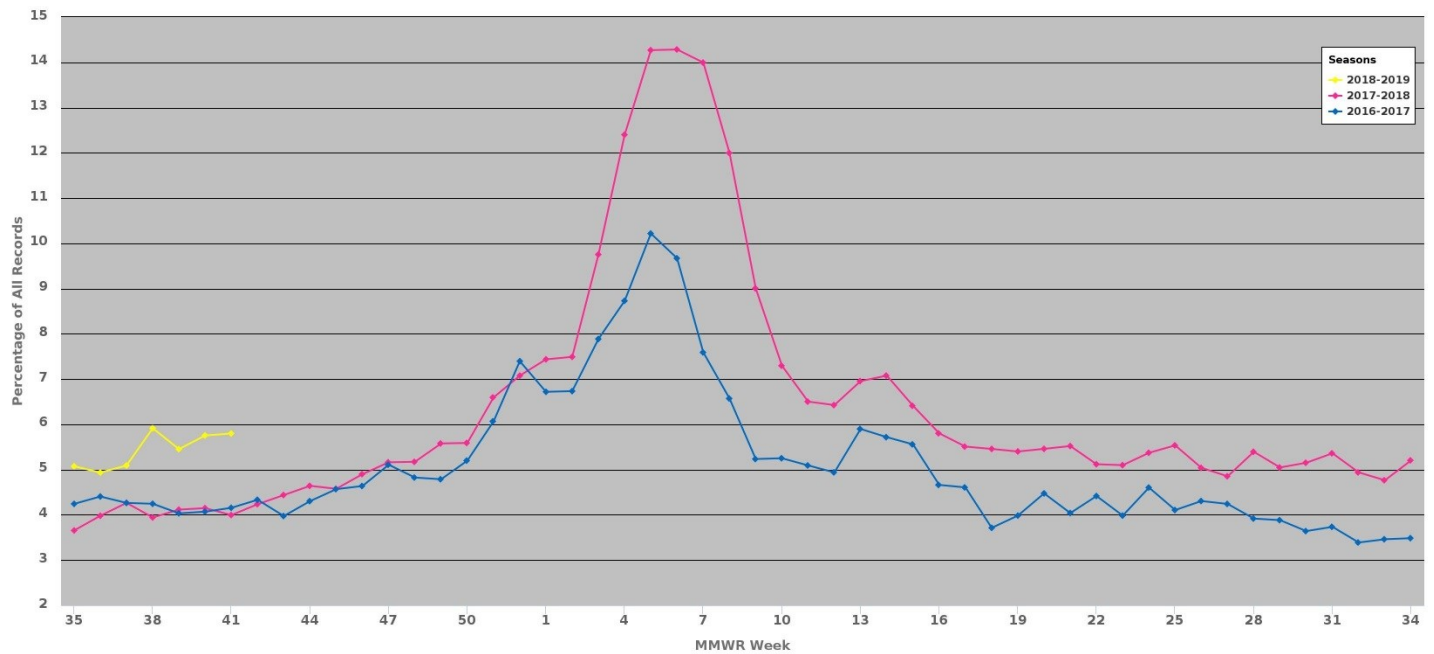
The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. All data are considered preliminary and updated with available information each week starting in October and ending in May.

- The percentage of statewide emergency department visits attributed to “fever/flu syndrome” reported to the EpiCenter system increased from 5.1% in week 35 to 5.8% during week 41; 5% is generally considered the minimum threshold for elevated influenza-associated ED visits (Figure 1). Please note that during 2017-2018, 18 additional emergency department facilities began sending data to the EpiCenter, which replaced the Hospital Emergency Discharge Surveillance System (HEDSS). Caution should be used when interpreting these data over time.
- The percentage of outpatient visits with influenza-like illness (ILI) is currently 0.6%, below the level of 1% generally considered the minimum threshold for elevated influenza-associated visits in the outpatient setting in Connecticut (Figure 2).
- To date a total of 22 hospitalized patients with laboratory-confirmed influenza admitted between August 26 and October 13, 2018 have been reported. Of these, 15 were associated with type A (subtype unspecified), 4 with influenza A (H3N2), and 3 with influenza B. One flu-associated death in an individual aged greater than 65 years has been reported (Figures 3 & 4).
- A total of 41 influenza positive laboratory tests have been reported during the current season (August 26 – October 13, 2018): New Haven County (15), Hartford (13), Fairfield (6), Litchfield (4), and Windham (3). Of the positive reports 28 were influenza A (subtype unspecified), 4 were influenza A (H3N2), and 9 were influenza B. To date, no influenza A (2009 H1N1) has been identified this season. (Figures 5 & 6).

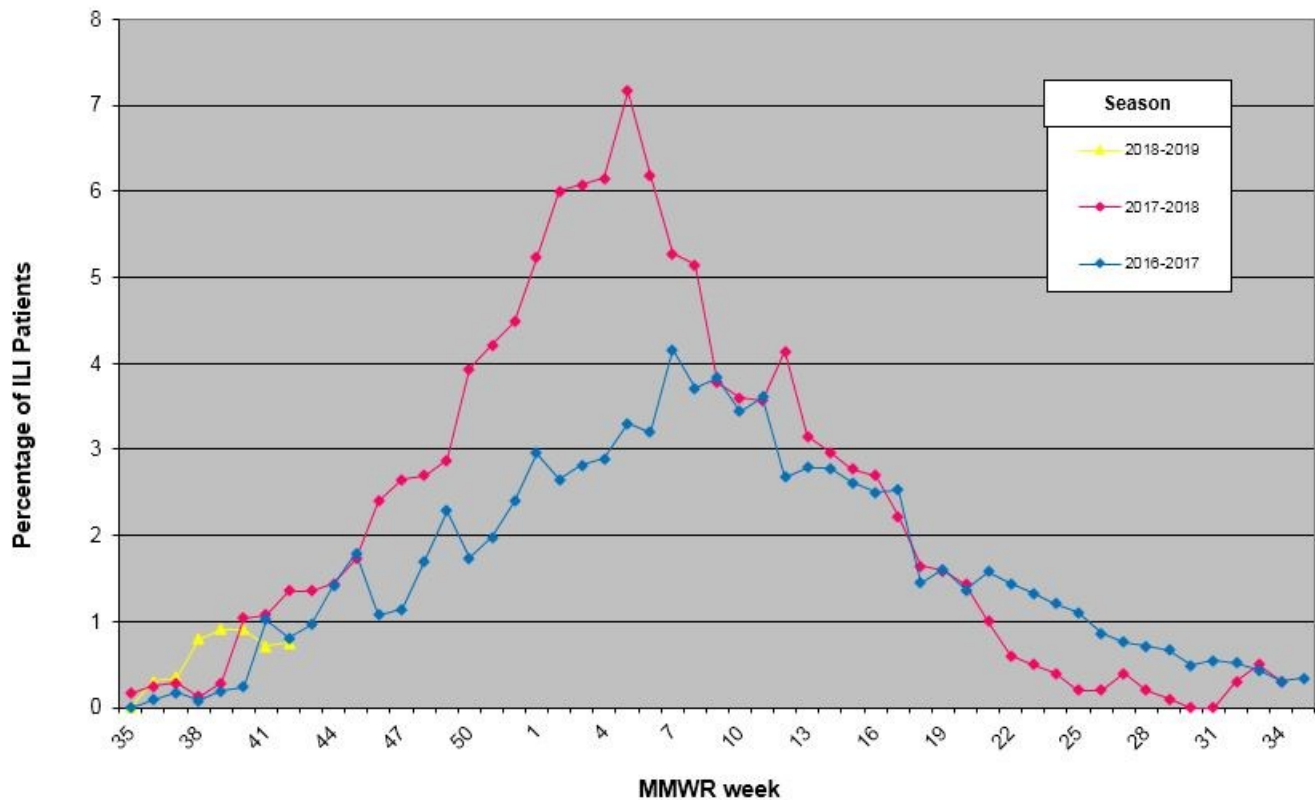
\* Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the federal Centers for Disease Control and Prevention (CDC) for national disease surveillance.

\*\* Definitions for the estimated levels of geographic spread of influenza activity are available at: <http://www.cdc.gov/flu/weekly/overview.htm>

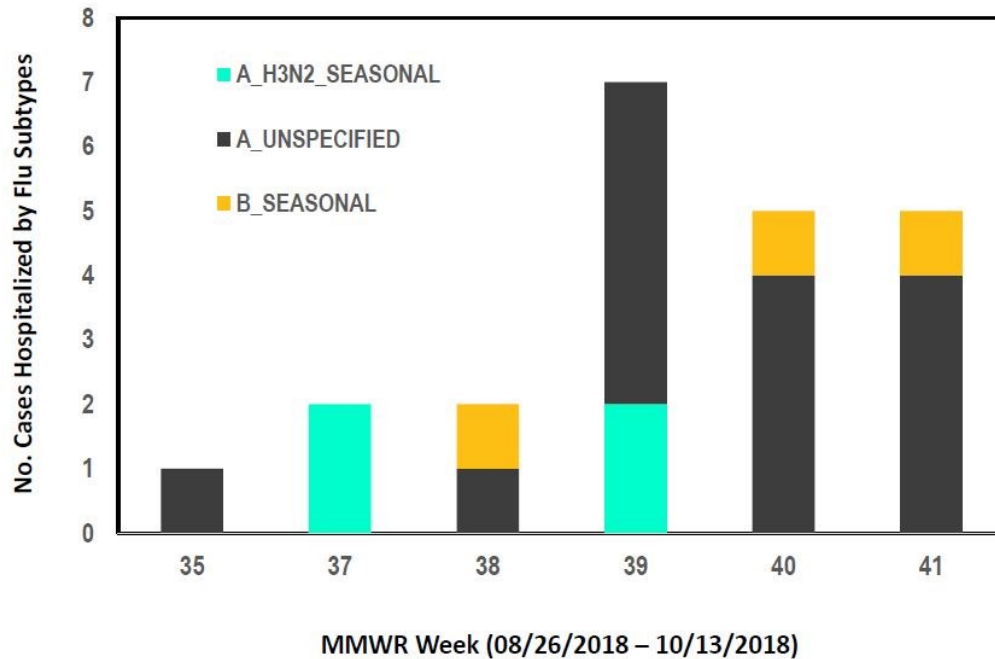
**Figure 1. Percentage of Statewide Emergency Department Visits Attributed to “Fever/Flu Syndrome”, 2016-17, 2017-18, 2018-19.**



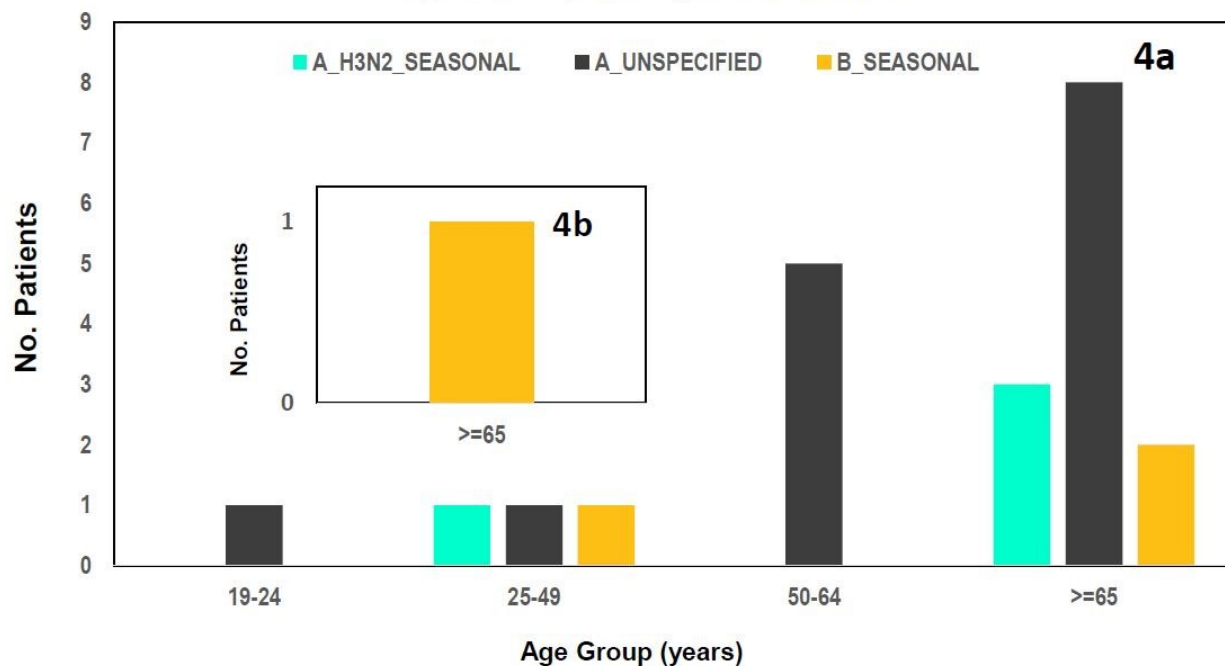
**Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2016-17, 2017-18, 2018-19**



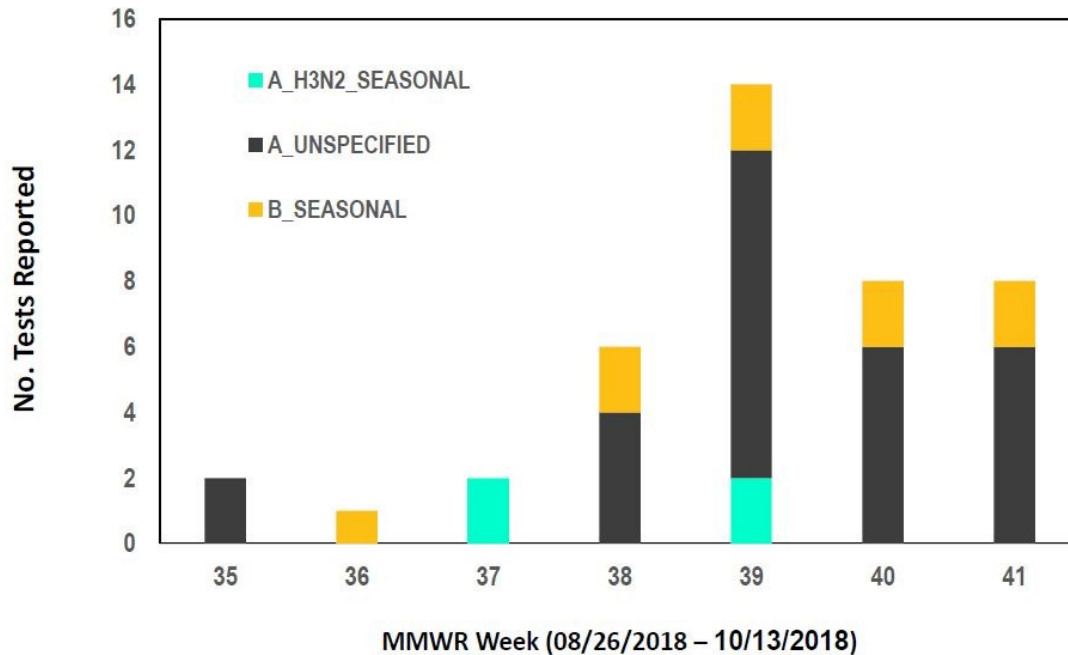
**Figure 3. Hospitalized Patients (n = 22) with Positive Lab Tests by Subtype & Week, Connecticut, through 10/13/2018**



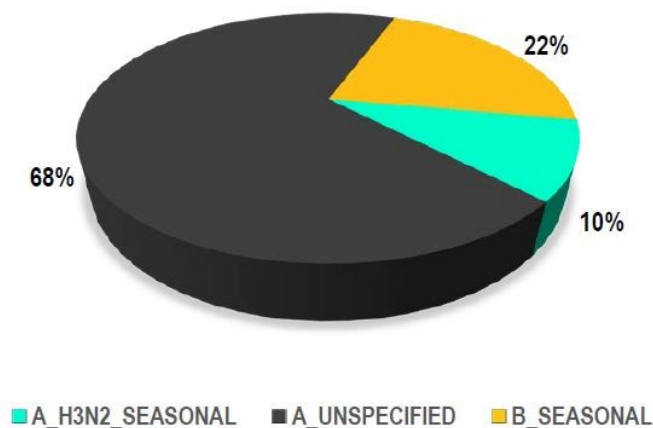
**Figure 4. Hospitalized Patients (4a. n= 22) and Flu-Associated Death (4b. n=1) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 10/13/2018**



**Figure 5. Positive Laboratory Tests (n = 41) by Influenza Subtype and Week, Connecticut, through 10/13/2018**



**Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 41) by Influenza Subtype, Connecticut, through 10/13/2018**



### **Influenza Surveillance System Definitions**

**The EpiCenter System** receives near real-time reports on ED visits from all 38 licensed, hospital emergency departments in Connecticut. Data include a description of the chief complaint, or reason for visit, including fever/flu.

**Sentinel Provider Surveillance System:** Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in the absence of a known cause, and the presence of a fever  $> 100^{\circ}$  F.

**Influenza-associated Hospitalizations:** In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

**Laboratory Surveillance:** Positive influenza tests are laboratory reportable findings in Connecticut. The DPH tracks these results to determine what types, subtypes, and strains are circulating.